



ROSS MILLER
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Certificate of Limited Partnership

(PURSUANT TO NRS CHAPTER 88)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited Partnership: (see instructions)				
2. Street Address of Records Office in Nevada:	<input type="text"/> Street Address		<input type="text"/> City	<input type="text"/> Nevada <input type="text"/> Zip Code
3. Registered Agent for Service of Process: (check only one box)	<div><input type="checkbox"/> Commercial Registered Agent: <input type="text"/> Name</div> <div><input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below)</div> <div><input type="text"/> Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</div> <div><input type="text"/> Street Address</div> <div><input type="text"/> City</div> <div><input type="text"/> Nevada <input type="text"/> Zip Code</div> <div><input type="text"/> Mailing Address (if different from street address)</div> <div><input type="text"/> City</div> <div><input type="text"/> Nevada <input type="text"/> Zip Code</div>			
4. Dissolution Date:	Latest date upon which the Limited Partnership is to dissolve: <input type="text"/> (must be completed)			
5. Name and Business Address of Each Initial General Partner: (add additional page if more than 2)	<div>1) <input type="text"/> Name of General Partner</div> <div><input type="text"/> Business Address</div> <div><input type="text"/> City</div> <div><input type="text"/> State</div> <div><input type="text"/> Zip Code</div> <div>2) <input type="text"/> Name of General Partner</div> <div><input type="text"/> Business Address</div> <div><input type="text"/> City</div> <div><input type="text"/> State</div> <div><input type="text"/> Zip Code</div>			
6. Name, Business Address and Signature of Each Organizer: (add additional page if more than 2)	<div>1) <input type="text"/> Organizer Name</div> <div><input type="text"/> Business Address</div> <div><input type="text"/> City</div> <div><input type="text"/> State</div> <div><input type="text"/> Zip Code</div> <div><input checked="" type="checkbox"/> Organizer Signature</div> <div>2) <input type="text"/> Organizer Name</div> <div><input type="text"/> Business Address</div> <div><input type="text"/> City</div> <div><input type="text"/> State</div> <div><input type="text"/> Zip Code</div> <div><input checked="" type="checkbox"/> Organizer Signature</div>			
8. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i> <input checked="" type="checkbox"/> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity <input type="text"/> Date			